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This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).

Express Mail Label No.

U.S. PTO
10/750494

INVENTOR(S)					
Given Name (first and middle [if any])	Family Name or Surname	Residence (City and either State or Foreign Country)			
William T. II	Hayes	De Pere, Wisconsin			
Michael R.	Schaefer	Oshkosh, Wisconsin			
Ronald M.	Demske	Greenleaf, Wisconsin			
Steven C.	Bair	Winter Garden, FL			
<input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto					
TITLE OF THE INVENTION (500 characters max)					
Simplifiles - System for filing and organizing medical records.					
Direct all correspondence to: CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number		<input type="text"/>		<input type="text"/> Place Customer Number Bar Code Label here	
OR Type Customer Number here					
<input type="checkbox"/> Firm or Individual Name		William T. Hayes II			
Address		c/o HC Miller Company			
Address		3030 Lowell Drive			
City		State	WI	ZIP	54311
Country		US	Telephone	920-465-3030	Fax 920-465-3035
ENCLOSED APPLICATION PARTS					
<input type="checkbox"/> Specification Number of Pages		<input type="checkbox"/> CD(s), Number		<input type="text"/>	
<input checked="" type="checkbox"/> Drawing(s) Number of Sheets		<input checked="" type="checkbox"/> Other (specify)		Description	
<input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				FILING FEE AMOUNT (\$)	
<input checked="" type="checkbox"/> A check or money order is enclosed to cover the filing fees				<input type="text"/>	
<input type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number:				<input type="text"/>	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				<input type="text"/>	
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.					
<input checked="" type="checkbox"/> No.					
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are:					

Respectfully submitted,

SIGNATURE

Date

4-22-03

TYPED or PRINTED NAME

Ronald M. Demske

TELEPHONE

(920) 465-3030

REGISTRATION NO.

(if appropriate)

Docket Number:

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C. 20231.